

# HANDOUT #5 CONTINUED

## PARTS OF THE EAR/CAUSES OF HEARING LOSS

- If the conductive component is significant, with very little damage to the nerves of the inner ear, the disorder will center on loudness rather than distortion of sound.
- If the conductive component is minimal, with the sensorineural component more significant, the loss may carry a larger distortion factor.

As conductive losses tend to fluctuate, depending on the nature of the loss, mixed losses may also fluctuate and the child's response behavior could vary from day to day.

### Other Considerations

- The age of onset of hearing loss has a significant impact on a child's speech and language development. A child who is prelingually deaf (became deaf before acquiring language) and a child who is postlingually deaf (became deaf after exposure to and acquisition of language) will each present different circumstances in terms of language use and development.
- How quickly a child's hearing loss is diagnosed and how expediently the child is provided access to a clear language system will have a significant impact on the child's language development. It should be noted that Deaf children from Deaf families who have access to American Sign Language (ASL) from birth have been shown to acquire ASL at the same rate that hearing children develop spoken language.

- There are many degrees, types, and patterns of hearing loss. There is no one description or profile of a deaf or hard of hearing that fits all children.
- Even if two children have the same degree, type and pattern of hearing loss, it does not mean they hear and understand the same thing or benefit from a hearing aid in the same way. Each child's hearing and speaking capabilities are unique.
- Some causes of deafness (i.e.: rubella, cytomegalovirus, meningitis, etc.) have other associated conditions that may impact on a child's learning characteristics.

Many deaf children have some residual (remaining) hearing.

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